

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	32	4		48
l l		,	U	<i>y</i>

OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005

Estimated average burden hours per response 16.00

SEC USE ONLY									
Prefix		Serial							
	1								
DA	TE RECEIV	ED							
	1	1							

Name of Offering (check if this is an amendment VERTIGO CAPITAL PARTNERS, L.P.	nt and name has changed, and indicate change.)		
Filing Under (Check box(es) that apply): Rule Type of Filing: New Filing Amendment	504 Rule 505 Rule 506 Section 4(6)	ULOE	PROCESSED
	A. BASIC IDENTIFICATION DATA		SEP 0 1 2005
1. Enter the information requested about the issuer			THOMSON
Name of Issuer (check if this is an amendment a	nd name has changed, and indicate change.)		FINANCIAL
VERTIGO CAPITAL PARTNERS, L.P.			
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Nu	ımber (Including Area Code)
19 East Hill Court, Tenafly, NJ 07670		201-944-6484	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Nu	umber (Including Area Code)
Brief Description of Business			
Distressed Municipal and Corporate Bond Trading			
	partnership, already formed other (p	lease specify):	05064985
business trust limited	partnership, to be formed		
Actual or Estimated Date of Incorporation or Organiza Jurisdiction of Incorporation or Organization: (Enter t	Month Year tion: 0 1 0 5	mated : DE	· · · · · · · · · · · · · · · · · · ·

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

W.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Executive Officer Director General and/or Promoter Beneficial Owner Managing Partner Vertigo Management L.L.C. Full Name (Last name first, if individual) 19 East Hill Court, Tenafly, NJ 07670 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner David Weiner Full Name (Last name first, if individual) 19 East Hill Court, Tenafly, NJ 07670 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: ☐ Beneficial Owner Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. INFO	ORMATIC	ON ABOU	T OFFER	ING			1	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Yes	No	
	Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?										\$ 50,00	0.00		
2	Dogo the	offering i	permit joint	. oumarchi	a of a cinal	la unit?						Yes	No
3. 4.			ion request									\boxtimes	
	commiss If a pers or states	sion or sim on to be lis , list the na	ilar remuner ted is an ass me of the b you may so	ration for so sociated per roker or de	olicitation of son or ager aler. If mor	of purchase nt of a brok re than five	rs in conne er or deale (5) person	ction with s r registered s to be liste	sales of sec with the S ed are assoc	urities in tl EC and/or	ne offering. with a state		
	•	_ast name	first, if indi	ividual)					-				
NA Bus		Residence	Address (N	lumber and	Street, Cit	tv. State. Z	in Code)		.				
						-,,,							
Nai	me of Ass	sociated Br	oker or Dea	aler									
Sta	ites in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit I	urchasers						
	(Check	"All States	or check i	individual :	States)	•••••			······································			. 🔲 At	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	Il Name (Last name	first, if indi	ividual)						**-			
Bu	siness or	Residence	Address (N	Number and	1 Street, C	itv. State, 7	Zip Code)						
									<u></u>				
Na	me of As	sociated B	roker or De	aler									
Sta	ates in Wh	nich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)	*******************				••••••		☐ A1	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	lD
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT RI	NE SC	NV SD	TN	TX	NM UT	NY VT	VA VA	ND WA	OH W V	OK WI	OR WY	PA
_						<u> </u>			WA	W V	WI	WT	PK
Fu	ll Name (Last name	first, if ind	ividual)									
Βυ	isiness or	Residence	Address (1	Number and	d Street, C	ity, State,	Zip Code)						
													
 Na	ume of As	sociated B	roker or De	ealer									
			roker or De	·•	or Intends	to Solicit	Purchasers		· .				
_	ates in Wi	hich Person		s Solicited						,,,,,,		A1	l States
_	ates in Wi	hich Person	ı Listed Ha	s Solicited					DC	FL	GA	Al	l States
_	ates in WI	hich Person	n Listed Ha	s Solicited individual	States)								

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	(
	Type of Security		Aggregate Offering Price		Amo	ount Already Sold
	Debt	\$		9		
	Equity					_,,,,,
	Common Preferred	-		_		
	Convertible Securities (including warrants)	\$		ş		
	Partnership Interests			- '		3,250,000.00
	Other (Specify)	_		-		
	Total					3,250,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	`-		-		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	е	Number Investors		Do	Aggregate ollar Amount f Purchases
	Accredited Investors	_	9	-	\$	3,250.00
	Non-accredited Investors	_		<u>.</u>	\$	0.00
	Total (for filings under Rule 504 only)	_	()	S	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering		Type of Security		Do	Ilar Amount Sold
	Rule 505				\$	-2-1
	Regulation A	-				
	Rule 504	_			\$	
	Total			_	\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	e .				
	Transfer Agent's Fees] :	\$	
	Printing and Engraving Costs] :	<u></u>	
	Legal Fees				<u></u>	13,000.00
	Accounting Fees				 §	5,000.00
	Engineering Fees			_	 \$	
	Sales Commissions (specify finders' fees separately)			<u> </u>	 \$	*** * ********************************
	Other Expenses (identify)		•	_]	<u></u>	
	Total		_]	<u></u>	18,000.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$_19,982,000.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	s
	Purchase of real estate			
	Purchase, rental or leasing and installation of mac			
	Construction or leasing of plant buildings and fac			☐ \$
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso	ue of securities involved in this		
	Other (specify):			s
]\$	\$
	Column Totals] \$	\$ 19,982,000.00
	Total Payments Listed (column totals added)	· · · · · · · · · · · · · · · · · · ·	S_19	9,982,000.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commission	on, upon writte	
lss	uer (Print or Type)	Signature	ate	***************************************
VE	RTIGO CAPITAL PARTNERS, L.P.	1/ 14 11	ıly 31, 2005	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Da	vid Weiner	Managing Member of the General Partner		

- ATTENTION -

		E. STATE SIGNAT	JRE	
i.	Is any party described in 17 CFR 230 provisions of such rule?			Yes No
		See Appendix, Column 5, for s	tate response.	
2.	The undersigned issuer hereby undertal D (17 CFR 239.500) at such times as		strator of any state in which this not	tice is filed a notice on Form
3.	The undersigned issuer hereby undert issuer to offerees.	takes to furnish to the state adm	nistrators, upon written request, ir	nformation furnished by the
4.	The undersigned issuer represents that limited Offering Exemption (ULOE) of this exemption has the burden of e	of the state in which this notice i	s filed and understands that the iss	
	uer has read this notification and knows the thorized person.	he contents to be true and has duly	caused this notice to be signed on	its behalf by the undersigned
Issuer (Print or Type)	Signature	Date	
VERTIC	GO CAPITAL PARTNERS, L.P.		July 31, 20	05
Name (Print or Type)	Title (Print or Type)		
David W	Veiner	Managing Member of the	General Partner	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPI	ENDIX				
1	Intend to non-a	2 I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and urchased in State t C-Item 2)		Disqual under Sta (if yes explan waiver	ification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Number of Accredited Non-Accredited				No
AL									
AK									
AZ							<u> </u>		
AR			-						
CA		X	LP Interest-\$500,000	1	\$50,000.00	0	\$0.00		×
СО			,						
СТ									
DE									
DC									
FL									
GA									
Hì						:			
ID									
IL									
IN		X	LP Interests -\$500,000	1	\$100,000.00	0	\$0.00		X
IA									
KS					_				
KY									
LA									
МЕ									
MD									
МА									
МІ									-
MN	·					1			
MS									

				APPE	NDIX	8 3 2			
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		under Sta (if yes, explana	ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		:							
МТ									
NE									
NV		X	LP Interests \$250,000	1	\$50,000.00	0	\$0.00		×
NH									
NJ		×	LP Interests \$2,500,000	1	\$200,000.00	0	\$0.00		×
NM									
NY		X	LP Interests \$5,000,000	4	\$1,850,000.0 0	. 0	\$0.00		×
NC									
ND									
ОН				**** · · · · · · · · · · · · · · · · ·					
ок						н			
OR									
PA		×	LP Interests \$2,000,000	1	\$1,000,000.0 0	0	\$0.00		×
RI									
SC									
SD									
TN									
TX						1			
UT									
VT									
VA									
WA									
WV									
WI									

				APPE	ENDIX	i						
1		2 3 4					4					
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												